

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

6/28/04

CLAIMS

AS FILED	AFTER		AFTER		CLAIMS
	1ST AMENDMENT	IND.	DEP.	2ND AMENDMENT	
1	/				
2	/				
3	/				
4	/				
5	/				
6	/				
7	/				
8	/				
9	/				
10	/				
11	/				
12	/				
13	/				
14	/				
15	/				
16	/	1			
17	/		1		
18	/		1		
19	/		1		
20	/		1		
21	/			→	
22	/			→	
23	/			→	
24	/			→	
25	/			→	
26	/			→	
27	/			→	
28	/			→	
29	/			→	
30	/			→	
31	6			→	
32	/			→	
33	/			→	
34	/			→	
35	/			→	
36	/			→	
37	/			→	
38	/			→	
39			2		
40			2		
41			2		
42			2		
43			2		
44			2		
45			2		
46			2		
47			2		
48			2		
49					
50					
TOTAL IND.	5	↓	2	↓	
TOTAL DEP.	33	↓	23	↓	
TOTAL CLAIMS	38		25		

*	IND.	DEP.	*	IND.	DEP.	*
	IND.	DEP.		IND.	DEP.	
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98						
99						
100						
TOTAL IND.		↓		↓		
TOTAL DEP.		↓		↓		
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS